

ATTACHMENT "C"

JOB START FORM

Project Name _____

Project Location: _____

Address: _____

City: _____

State: _____

Zip: _____

Approximate Start Date: _____

Approximate Duration: _____

Estimated Manpower at Peak: _____

Date Submitted: _____

Submitting Contractor: _____

Submitters Name: _____

This form is to be emailed or faxed to Local Union 305 Office, within 24 hours of starting a project for the job to be covered by Northeast Indiana Market Recovery Agreement.

E-mail: DSADE@IBEW305.ORG;

Fax: (260)483-8828